



**AJMAL FOUNDATION  
COLLEGE ROAD, HOJAI – 782435**

**LEAVE APPLICATION FORM**

**Date:** ..... / .... / .....

**Name of Employee:** \_\_\_\_\_ **Designation:**\_\_\_\_\_

**Institution:** **Ajmal College of Arts, Commerce & Science, Hojai.** **E. Code:** \_\_\_\_\_

Kindly grant me ..... Days Casual / without pay / Sick / Privilege

Leave from ..... To .....for the following reason

.....

My address during leave period is.....

.....Tel No: .....

..... **Signature of the Employee:**\_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

LEAVE	Opening balance	Leave availed	Closing balance	Dates in lieu of (CO)
CL				
PL				
SL				
TOTAL				

**Forwarded by:**

**Approved by:**

PRINCIPAL

COLLEGE ADMINISTRATOR, MANAGER

ACACS, Hojai

AJMAL FOUNDATION, HOJAI